

OFFICIAL FILE COPY

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 0 0 1

2. STATE:

New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2003

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(E)(iv)(II), 1905(p)(3)(A)(iv)(II),  
1905(p)(3) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 3, Services, General Provisions  
Amount, Duration, and Scope of Service  
3.1 Page 21 continued, 21a, 29a, and 29b9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Page 21 continued is deleted

21a revised

29a revised

29b revised

New Mexico (03-001)  
Approved: 04/04/03  
Effective: 01/01/03

10. SUBJECT OF AMENDMENT:

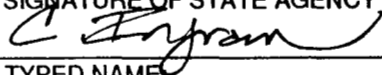
Deletion of Other Required Special Groups: Qualifying Individuals - 2

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

State Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Carolyn Ingram

14. TITLE:

Director, Medical Assistance Division

15. DATE SUBMITTED:

March 14, 2003

16. RETURN TO:

Carolyn Ingram, Director  
Medical Assistance Division  
Human Services Department  
P.O. Box 2348  
Santa Fe, NM 87504

Attention: Doyle W. Smith

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

28 March 2003

18. DATE APPROVED:

4 APRIL 2003

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID & CHILDREN'S  
HEALTH

23. REMARKS:

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: NEW MEXICO

1925 of the  
Act

(a) (5) Other Required Special Groups: Families  
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

Citation

Sec. 245A(h)  
of the  
Immigration and  
Nationality Act

(a) (6) Limited Coverage for Certain Aliens

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--
  - (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;
  - (B) Are children under 18 years of age; or
  - (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. 03-01  
 Supersedes 91-19 Approval Date 4-4-03 Effective Date 1-1-03  
 TN No. 91-19

STATE <u>New Mexico</u>	A
DATE REC'D <u>3-28-03</u>	
DATE APP'VD <u>4-4-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>03-01</u>	

Superseded By 91-19

Revision: HCFA-PM-97-3 (CMSO)

December 1997

State: NEW MEXICOCitation1902(a)(10)(E)(ii)  
and 1905(b) of the Act(ii) Qualified Disabled and Working  
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act(iii) Specified Low-Income Medicare  
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),  
1905(p)(3)(A)(ii), and  
1933 of the Act(iv) Qualifying Individual-1  
(QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

Superseded By 98-02

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>3-28-03</u>	
DATE APP'D	<u>4-4-03</u>	
DATE EFF	<u>1-1-03</u>	
HCFA 179	<u>03-01</u>	

TN No. 03-01

Supersedes

Approval Date 4-4-03Effective Date 1-1-03TN No. 98-02

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: NEW MEXICO

Citation

1843(b) and 1905(a)  
of the Act and  
42 CFR 431.625

(v) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X All individuals who are: (a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).

— Individuals receiving title II or Railroad Retirement benefits.

— Medically needy individuals (WFP is not available for this group).

1902(a)(30) and  
1905(a) of the Act

(2) Other Health Insurance

— The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

Superseded By 98-02

STATE	<u>New Mexico</u>	A
DATE REC'D	<u>3-28-03</u>	
DATE APP'D	<u>4-4-03</u>	
DATE EFF	<u>1-1-03</u>	
HCFA 179	<u>03-01</u>	

TN No. 03-01  
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TN No. 98-02

Approval Date 4-4-03 Effective Date 1-1-03